

INSTRUCTIONS: WE REQUIRE A COPY OF THE FOLLOWING INFORMATION ON ALL HOUSEHOLD MEMBERS THAT ARE LISTED ON YOUR APPLICATION. **NO ORIGINALS – COPIES ONLY**

IDENTIFICATION VERIFICATION

- PROOF OF BIRTH:
Copies of Birth Certificates, Baptismal Certificates, or other acceptable third party verification are required.
- SOCIAL SECURITY NUMBERS:
A verification of Social Security number is required. If the Social Security card is not available a document with the number printed on it is acceptable (drivers license, Medicaid card).
- MARRIAGE LICENSE/DIVORCE PAPERS:
If you are married or divorced, please bring copies of these documents. *

VERIFICATION OF INCOME (AT TIME OF FINAL SCREENING)

- If any household members over the age of 18 are working, you should submit a statement from his/her employer to include his/her pay per hour, average hours worked per week, overtime (if any), commissions and tips. *
- If any of your household members receive TANF(welfare) or General Assistance we need a computer printout from the caseworker. *
- If any of your household members receive or pay Child Support, we need a copy of the divorce papers stating the amount of Child Support that is paid or received. If the Child Support Enforcement Bureau handles this we need a computer printout from the caseworker. *
- If any of your household members receive Social Security, SSI, VA Pension, retirement pension, or other pension, we should have a statement from the agency from which this income is received. *
- If any of your household members receive any education grants or loans, we need a statement from the financial counselor to include the amount of the grant/loan and any expenses (i.e. tuition, books/supplies, transportation, etc.) If there is work/study, we need a statement to include pay and hours. *
- If any of your household members are self-employed, we need copies of Income Tax Records. *
- If any of your household members receive unemployment compensation or workman’s compensation, we need a statement from the agency from which this income is received. *

ASSET INCOME

- If any of your household members have a savings account, checking account, Certificate of Deposit (CD), bonds, etc., with a balance of \$5,000 or more, we need a statement from the financial institution including the amount in any account(s) and the amount of interest accrued on any account(s). *
- If any of your household members own property, we need a current appraisal and any liability on this property. If rent is received for this property, we need a copy of the lease, or a notarized statement stating how much is received monthly. *
- If property has been sold in the last two years. We need copies of all transactions regarding the sale. *

LOCAL PREFERENCES

- _____ Working full-time (30 hrs/week for the immediate past 6 months) or working part-time while attending educational and/or job skills training programs. We need school/employment records containing start date, # of class hours, hours worked per week, rate of pay as applicable for verification. (PAY STUBS ARE NOT ACCEPTABLE)
- _____ Elderly (62 years of age or older)
- _____ Handicapped or Disabled (receiving SS, SSI or VA).
- _____ Active full-time participants in, or graduates of, educational and training programs designed to prepare individuals for the job market. We need school records for verification. (Start date, #of class hrs, projected completion date).
- _____ Displaced by BC Code Enforcement

* **These documents are required at time of final screening.**

OFFICIAL USE ONLY: _____CT _____PP _____DESC. _____ENTRY INITIAL _____DATE

INSTRUCTIONS: Print all information as neatly and completely as possible. Refer to back sheet for instructions.

**BERNALILLO COUNTY HOUSING DEPARTMENT
APPLICATION FOR HOUSING**

Name _____ Date of Birth _____ SS# _____
Last First MI

What is your status? (Check one)

___ Married ___ Never Married ___ Divorced ___ Separated ___ Widowed

If you checked Married, what is your spouse's name? _____

What is your race? (Check One Below)

___ White ___ Black ___ Native American ___ Asian

What is your ethnicity? (Check one) ___ Hispanic ___ Non-Hispanic

Your Address _____
Street # Street Name (NE, SE, NW, SW) Apt. #

City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____
(If different from above)

Phone: Home _____ Work _____ Message _____

Who can we contact in case of emergency? (Different from above)

Name _____ Phone _____

List all household members who will be living with you if you receive housing assistance **(Include yourself and spouse):**

LAST NAME	FIRST NAME	RELATION- SHIP	AGE	SEX	PLACE OF BIRTH	DATE OF BIRTH	SOCIAL SECURITY #
1.							
2.							
3.							
4.							
5.							
6.							

(If additional members need to be added, supply on a separate sheet)

Are you elderly (over 62)? ____yes ____no

Are you, your spouse, or any household members disabled/handicapped?

____yes ____no If yes: (Name(s) 1. _____ 2. _____

Do you claim any of the following? ____Mobility impairment ____Hearing impairment
____Sight impairment ____Wheelchair bound

If you claim a handicap or disability, do you require reasonable accommodation? ____ Yes ____ No

If Yes, how may we accommodate your disability/handicap _____

Are you a part-time student with a part/full-time job? ____yes ____no

Are you, your spouse, or any household member over the age of 18 a full time student? ____yes ____no

If yes: Name(s) _____ School _____

Income:

Do you, your spouse, or any household member (over the age of 18) work? ____Yes ____no

If yes: Name _____
Employer _____

Monthly Income \$ _____ Weekly Income \$ _____ Hours worked per week _____ **Start Date** ____/____/____

BI-Weekly Income \$ _____ Hourly **RATE** \$ _____ Gross Annual Income \$ _____

Name _____

Employer _____

Monthly Income \$ _____ Weekly Income \$ _____ Hours worked per week _____ **Start Date** ____/____/____

BI-Weekly Income \$ _____ Hourly Income \$ _____ Gross Annual Income \$ _____

Do you, your spouse, or any household member over the age of 18 **receive any type of welfare assistance (This includes General Assistance)?** ____yes ____no

If yes: Name _____ Monthly Amount _\$ _____

Name _____ Monthly Amount _\$ _____

Do you, your spouse, or any household members over the age of 18 receive Child Support?

____Yes ____no If yes: Name _____ Monthly Amount \$ _____

Do you, your spouse, or any household members over the age of 18 pay Child Support?

____Yes ____no If yes: Name _____ Monthly Amount _\$ _____

Do you, your spouse, or any household members receive Social Security, SSI, VA Pension, or any other type of retirement or disability pension? ____yes ____no

If yes:
Name of Recipient_____ Monthly Amount _____

What Type: Social Security ____ SSI ____ VA Pension ____ Retirement Pension ____ other ____

Name of Recipient_____ Monthly Amount _____

What Type: Social Security ____ SSI ____ VA Pension ____ Retirement Pension ____ other ____

If you, your spouse, or any household members over the age of 18 are students, do you receive any type of grants/loans? ____yes ____no

If yes: Name of Recipient_____ Type of Grant/Loan _____

Are you, your spouse, or any household members over the age of 18 self-employed?

____yes ____no If yes: Name of Person: _____

Type of Business _____

Monthly Income after Expenses _____

Do you, your spouse, or any household members receive unemployment compensation or workman's compensation? ____yes ____no

If yes: Name of Recipient_____ SS# _____

Monthly amount _____

Assets:

Do you, your spouse, or any household members have any savings accounts, bonds, or Certificates of Deposits (CD's) over \$5,000? ____yes ____no

If yes: Name(s) on Account _____

Name(s) on Account _____

Average monthly balance _____ Average monthly balance _____

Name of bank/credit union _____ Name of bank/credit union _____

Account # _____ Account # _____

Do you, your spouse, or any household members have a checking account? ____yes ____no

If yes: Name(s) on Account _____

Name(s) on Account _____

Average monthly balance _____ Average monthly balance _____

Name of bank/credit union _____ Name of bank/credit union _____

Account # _____ Account # _____

Do you, your spouse, or any household members own any property? ____yes ____no

If yes: Explain _____

Have you, your spouse or any household members sold any property in the last two- (2) years?

If yes: Explain _____

Have you, your spouse, or any household members over the age of 18 ever applied here before?

____yes ____no If yes: Name _____ How long ago _____

Name _____ How long ago _____

Have you, your spouse, or any household members over the age of 18 ever received any type of rental assistance from us or any other agency?

____yes ____no

If yes: Name _____ Address _____

How long ago _____ Name of Agency _____

Name _____ Address _____

How long ago _____ Name of Agency _____

Are you a U.S. Citizen? ____yes ____no Are you a legally registered alien? ____yes ____no

Have you or any household members ever been involved in any alleged criminal or drug related incidents? ____yes ____no

If yes: Name _____ Date _____

Have you been displaced by Bernalillo County Code Enforcement? ____yes ____no

You are applying for:

____**Section Eight Housing Assistance**

____**Elderly (Public Housing)**

____**Wheelchair Bound or Mobility Impaired (Public Housing)**

-----**CERTIFIED STATEMENT**-----

Section 35 (a) of the U.S. Criminal Code makes it a criminal offense, punishable by a maximum of ten years imprisonment, \$10,000 fine or both, to make a false statement or representation to any department of the U.S. as to any matter within their jurisdiction.

Knowing the penalty for making a false statement under the United States Criminal Code, I hereby certify that the above information is a true and full statement.

I understand that filing this application does not guarantee that I will be offered housing assistance.

SIGNED: _____ DATE: _____

HEAD OF HOUSEHOLD

SIGNED: _____ DATE: _____

SPOUSE

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release and to verify my application for participation, and/or maintain my continued assistance under the Section 8, Rental Rehabilitation, Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or the PHA to release information from my file about my rental history to HUD credit bureaus, collection agencies, or future landlords. This included records of my payment history, and any violation of my lease of PHA policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

- Identity and Marital Status

Medical or Child Care Allowance

Residences and Rental Activity
- Employment, Income and Assets

Credit History

Criminal Activity

GROUP OR INDIVIDUAL(S) THAT MAY BE ASKED

- Previous Landlords (Including Public Housing)

Courts and Post Offices

Schools and Colleges

Law Enforcement Agencies

Medical and Child Care Providers

Retirement System

Utility Companies

Credit Providers and Credit Bureaus
- Past and Present Employers

Income Support Agencies

State Unemployment Agencies

Social Security Administration

Support and Alimony Providers

Veterans Administration

Banks and other Financial Institutions

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand I have a right to notification of any adverse information found and a chance to disprove any incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; US Postal Service; Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the PHA and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove incorrect. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

SIGNATURES

HEAD OF HOUSEHOLD	PRINT NAME	DATE
SPOUSE	PRINT NAME	DATE
ADULT MEMBER	PRINT NAME	DATE

*Instructions: All household members' **18 years or older** must fill out the information listed below and sign the form.

AUTHORIZATION TO REVIEW CONVICTION RECORDS

TO: DISTRICT ATTORNEY'S OFFICE
ATTN: RECORDS CUSTODIAN

I/we the undersigned give the representatives of the Bernalillo County Housing Department permission to review and obtain copies of all the above referenced information filed with the District Attorney's office on me/us.

I/we agree to indemnify and hold harmless Bernalillo County Housing Department, and any of it's employees against any liability as a result of my representative(s) reviewing information on file with the District Attorney's Office.

The Bernalillo County Housing Department requests this data pursuant to the Public Records Act.

[illegible]